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PTO/SB/21 (12/97)

Approved for use through 9/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

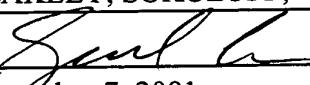
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/920,783	
		Filing Date	August 1, 2001	
		First Named Inventor	Koji Kimura	
		Group Art Unit	2631	
		Examiner Name		
Total Number of Pages in This Submission	9	Attorney Docket Number		80398P379

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement	Remarks Response to notice to file corrected application papers.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

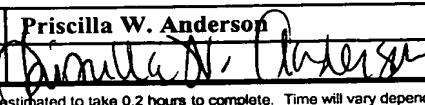
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Samuel S. Lee, Reg. No. 42,791 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 7, 2001

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on:

November 7, 2001

Typed or printed name	Priscilla W. Anderson
Signature	
Date	November 7, 2001

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PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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FEET TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

<i>Complete if Known</i>	
Application No.	09/920,783
Filing Date	August 1, 2001
First Named Inventor	Koji Kimura
Examiner Name	
Group/Art Unit	2631
Attorney Docket No.	80398P379

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number 02-2666

Deposit
Account
Name Blakely, Sokoloff, Taylor & Zafman LLP

Charge Any Additional Fee(s) Required
Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Applicant claims small entity status.
See 37 CFR 1.27.

2. **Payment Enclosed:**
 Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity				
Fee Code	Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)

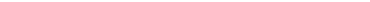
2. EXTRA CLAIM FEES

Total Claims	<input type="text"/>	-	** = <input type="text"/>	X	<input type="text"/>	= <input type="text"/>
Independent Claims	<input type="text"/>	-	** = <input type="text"/>	X	<input type="text"/>	= <input type="text"/>
Multiple Dependent			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Large Entity		Small Entity		
Fee	Fee	Fee	Fee	Fee Description
Code	(\$)	Code	(\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple Dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$)

***or number previously paid, if greater. For Reissues, see below*

SUBMITTED BY

Name (Print/Type)	Samuel S. Lee	Registration No. (Attorney/Agent)	42,791	Telephone	(858) 457-0022
Signature				Date	11/07/01

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